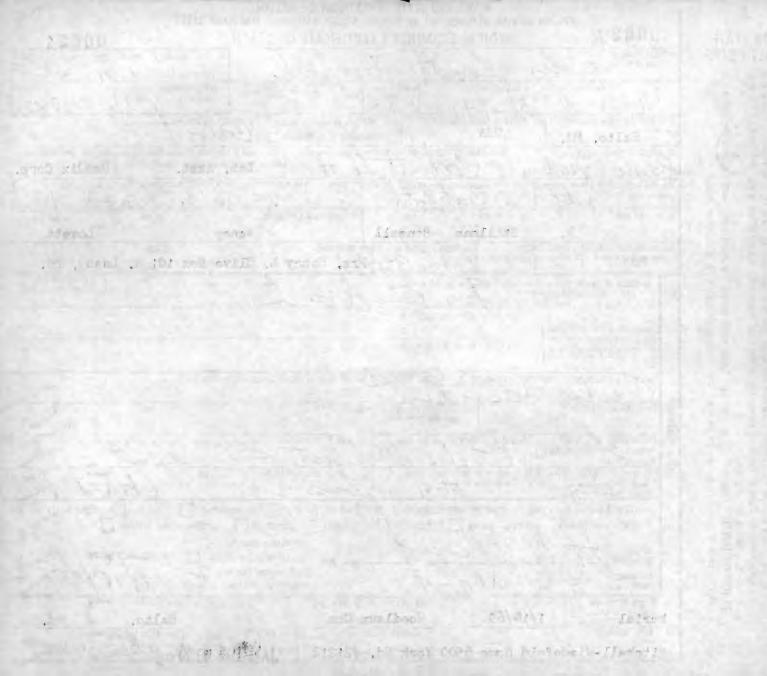
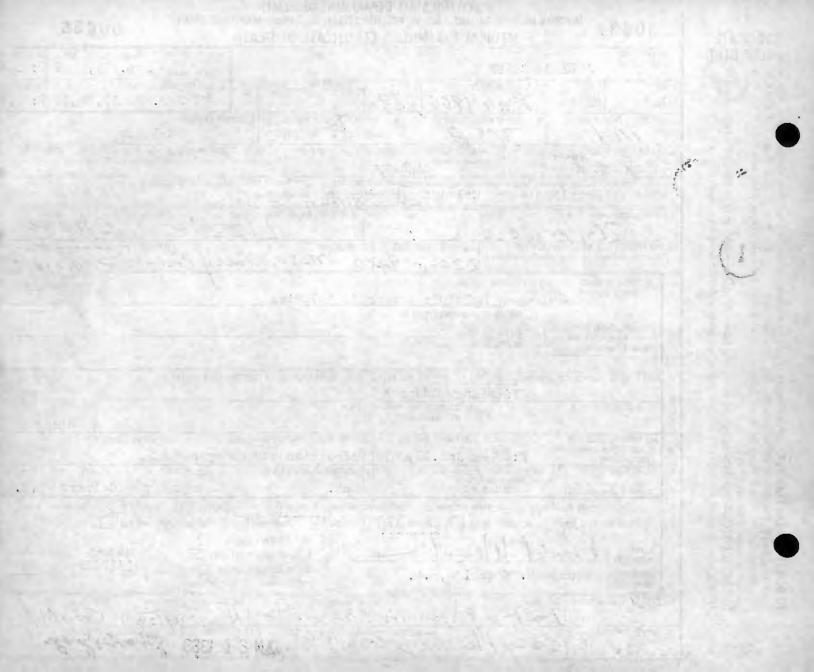
11 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	00623 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0623
HEALTH DEPT.	1. DECEASED-NAME First Middle Doy Lost O 20. DATE KNOWN Month Doy	Year 2b. HOUR
oy is 3 to Poge	John Donsall Death Marted 1	18969M
2, and 3 Pograment	S. Order of Bright	Year 1969 8360
3. 41	70. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY) Balto. Md. USA WIDOWED DIVORCED DIVORCED	- ( - (
Give Pages 1, ong with farm	10 CITY OR JOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION 16 not in hospital 120. USUAL OCCUPATION (Kind of work done 12b.	KIND OF BUSINESS OR
ofter deoth 8. Give Page along with with the Sto	Bruce frederick give street described to the during most of working life, even if retired.) INDU  130. USUAL RESIDENCE (Where deceased lived, if institution: Residence people 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 136, STREET AND NUMBER C. T. C.	ndix Corp
O See W G S	odmission) STATE 13b. COUNTY 9215 CITY ON TOWN	wapix
hours Item 18 Office of 1 and 2 v	14. FATHER'S NAME First Middle Is MOTHER'S MAIDEN NAME First Middle	Most
hin 24 ncil in niner's poges hours	R. Stillman Bonsall Nancy  160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Lovett
d be executed within 24 d "pending" in pencil in Chief Medical Exominer's transit permit. File pages y event within 72 hours	(Yes. 90 or unknown) (It yes give wor or dates of service) 21346/854 Mrs. Nancy L. Olive Box 101 N. Lus	-
ecuted ling" in edical Es ermit. Fi	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (1)  PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
be executed "pending" ir irief Medical I insit permit. I event within	DUE TO VOR AS A CONSEQUENCE OF	
vard "penc re Chief M ol-transit p	Canditians, if any/which gave nise to immediate cause (a), (b)	
luc at la lo	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
to the buri	last. (c)	
certificate writing the stronged to used os a bunovol, and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
is certificat te, writing forworded te used as a removal, an	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  21b. UME OF INJURY Month, Day, Year , 21c. HOW INJURY OCCURRED (Enter nature of injury in Part Part Part Part Part Part Part Part	20. AUTOPSY?
This citote, be for	WAS PERFORMED?	YES NO
# n = 0		.)
N o K I K I	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street of F.D. No. City or Town	unity / 1 State /
L EXAM ecute t Page 4 or your or, your	AT WORK AT WOR	I med
- 5 - 5 C	220. I certify that I taak charge of the remains described above, held an Autops [ , Inspection [ , Inquiry [ ] ,	ond in my opinion
please a directo retained DIRECT or to bu	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
7 . 5 . 7 . 7	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226-BATE SIGNE	10//
O DEPUTY necessary, the funero 5 moy be 0 FUNERA Health pr	EXAMINERS ADDRESS(Street, city, town, or county)	109
necessa the fun 5 moy 0 FUNE Health		nty) (State)
	burial 1/14/69 Woodlawn Cem Balto.	Md.
Tarres	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	**
VR A15MEVS)	Mitchell-Wiedefeld Home 6500 York Rd. #21212 DATE TAN 16 1969 Flower	of Lord Miles



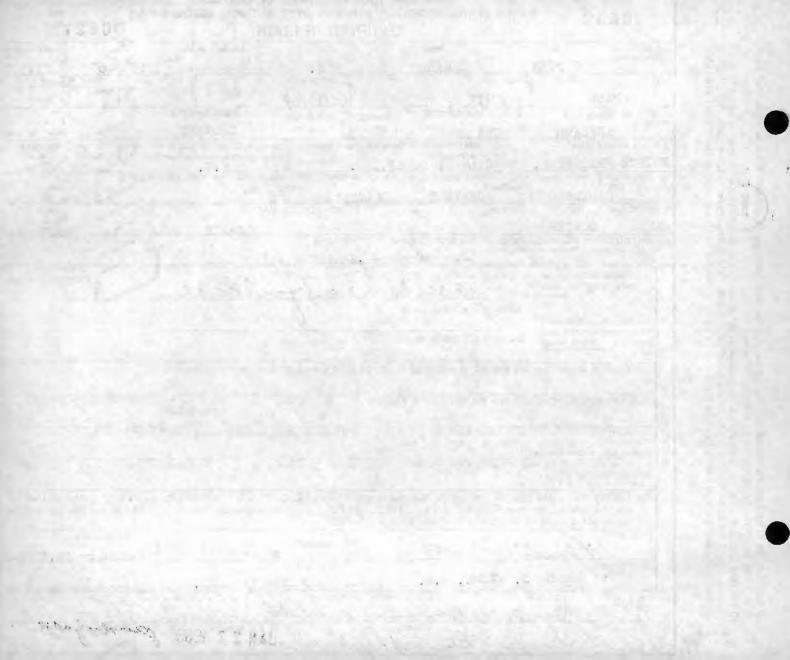
1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		0625
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a DATE KNOWN TO Month De	
	(Type or Print) Mae Alice Celia DEATH MATED Jan.	29 169 8:30
Page 13.	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
any delay is 2, and 3 to PM3. Page	female white 7-27-10   S8 YRS.   MONTHS OXYS MOURS MAN.   Month Day	Year 19 M
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
forr forr	76. CITIZEN OF WHAT COUNTRY?  8. MARRIED XINEVER MARRIED 9. COUNTY OF DEATH  COUNTRY OF DEATH  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in baseital 1/2g, USUAL OCCUPATION (Kind of work done 1/2))	Md
24 haurs after death any delay is in team 18. Give Pages 1, 2, and 3 tars of the dang with form PM3. Page 1. South and 2 with the State Department of 15 after death.	during most of working life even if retired \ \ \text{IN}	b. KIND OF BUSINESS OR DUSTRY
ive of the	Prince Frederick Calvert County Hosp. Housewife   130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER	
death,	odnisin) STATE  Maryland  Calvert  North BeachES X NO	
haurs Office Office	14. FATHER'S NAME First Middle Lost 1s. MOTHER'S MAIDEN NAME First Middle	Last
A haur offlice s offer	William Hafner Mae	Davis
hin 24 ncil in niner's pages haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
with pend xami ile p	(Yes, no, or unknown) (If yes give wor or dates of service) Mrs Natala Lubbes North Be	each. Md.
This certificate shauld be executed within icate, writing the ward "pending" in pencil be farwarded to the Chief Medical Examine I be used as a burial-transit permit. File pagar removal, and in any event within 72 hau	18. CAUSE OF DEATH (Enter only one couse per Vin) for (a), (b), and (c), PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ing' ing' adice	IMMEDIATE CAUSE (0) Carthay Lucture	
ould be executed vard "pending" in the Chief Medical Eal-transit permit. Fany event within	Canditions, if any, which gave )	3 111-
d be d 'r Chie fran	rise to immediate cause (a).	) Je
war war the rial-	stating the underlying cause DUE TO, "OR AS A CONSEQUENCE OF	0
the v ta th ta th ta th	PART 2. WHEN SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO HE PERMINAL DISEASE OF CONTITION GIVEN IN PART 1(a)	
is certificate to, writing the farwarded to be used as a breenaval, and	least or arginal at Colored to the	
writh write rwall rwall sed	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
nis contraction of the contracti	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES NO NO
KAMINER: This certificate shauld be executed within 2 te the certificate, writing the ward "pending" in pencil in 9e 4 shauld be farwarded to the Chief Medical Examiner your files.  Toge 3 shauld be used as a burial-transit permit. File pages cremation, ar removal, and in any event within 72 hour		1B.)
INER: e cert shaul files. 3 shai	CAUSE OF DEATH P.M. 19	Company Company
the the 4 s our factor	WHILE NOT WHILE tactary, affice building, etc.)	County State
DEPUTY OICAL EXAMINER: This certificate cessary, please execute the certificate, writing e funeral director. Page 4 shauld be farwarden may be retained for your files. FUNERAL DIRECTOR: Page 3 shauld be used as ealth prior to burial, crematian, ar remayal, a	AT WORK AT WORK	
cal exe or. F or fo Ton	22o. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, death resulted from: Natural courses, Accident, Suicide, Homicide, Undetermined manner	ond in my opinion
please ey I director. retained I DIRECTO	CHIEF MEDICAL EXAMINER (HIGHWALL)	
Ple di di	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DAYE SIG	INED //
EPUTY ssary, p funeral ay be ra INERAL	EXAMINER'S DEPUTY MEDICAL EXAMINER	9/07
o DEPUTY OICAL E. necessary, please executhe funeral director. Pag 5 may be retained for o FUNERAL DIRECTOR: Pealth prior to burial,	NAME (Type) Hugh W. Ward. M.D. Owings, Md. ADDRESS(Street, city, town, or county)	'/ /
<b>5</b>	BEMOVAL (Specify)	aunty) (State)
0	Burial 2/1/69 Ft Lincoln Bladensburg  24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR 5 SIG	Md.
VR A15ME (5)	Hutchins Fun eral Home Owings, Md. DATEFEB 5 1969 / Cural	
10M REV 1/68	THE OCHITHS THE THOME - "TOBO , THE .   PARTIES & 1000	7 0

E2500 C Security - 120% Cr THE REPORT OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00626 0063. MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT. I. DECEASED-NAME First Middle 2g. DATE KNOWN Month Day Year 2b. HOUR (Type ar Print) OF ESTI-DEATH MATED Jan. JULIUS CHASE 17, 100 7:45 A 3 ta ny delay 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR pup Jan. Day 17, Year 1969 Male Negro 7:45 A 70. BIRTHPLACE (State or foreign MARRIED NINEVER MARRIED 9. COUNTY OF DEATH DIVORCED [ Calvert WIDOWED State Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office along with give street oddress) Highway during most of working life, even if retired.) INDUSTRY Hungington 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Calvert YES NO 19 MOTHER'S MAIDEN NAME 14. FATHER'S NAME AL SOCIAL SECURITY NO 17. INFORMANT be executed within (Yes, na, grunknown) 20-16-4620 .⊆ within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) shauld be farwarded to the Chief Medical PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (0) Multiple traumatic injuries DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave rise to immediate cause (a), certificate shauld any DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊆ ond PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Pituitary Adenoma remayal CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 😾 NO 🗍 0 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) PRIMARY SELOR CONTRIBUTING Pedestrian struck by auto :00 xxx Jan. 17 10 69 CAUSE OF DEATH 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)
Street 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County State WHILE AT WORK AT WORK M.D. Unk. Hunington Calvert 22a. I certify that I taak charge of the remains described above, held an Autapsy & Inquiry , Inspection . and in my apinian death resulted from: Natural causes . Accident to Hamicide Undetermined manner Suicide 1 CHIEF MEDICAL EXAMINER Health prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1/17/69 DEPUTY MEDICAL EXAMINER Ronald N. Kornblum, M.D. may NAME (Type) ADDRESS(Street, city, town, or county) 230 BURIAN CREMATION, 50 23d. LOCATION (City or Town) (County) REMOVAL (Specify) VR A15ME (5)



1.					<b>CERTIFICA</b>	CIT OL P	PARTI		-	0627	
	DECEASED-NAME	First		Middle		Last	2	a. DATE OF C		v	2b. HOUR F
L	(Type or print)	COSTE	R	EARL		S.			Month 19 Day	69 Year	1:50M
3.	SEX		4. RACE		5	DATE OF BIRT	TH		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
L	MAL		WHITE			06/19/8	4		84 YRS.	MORITIS INVIS	TOOKS HOW.
	o. BIRTHPLACE (State	or foreign	76. CITIZEN OF WH	AT COUNTRY?		NEVER MARRI	ED	OUNTY OF T			
	MAR	YLAND	USA		WIDOWED			CALVE			Md.
0	), CITY OR TOWN OF PRINCE FR	EDERICK	, MD CAI		SE, INC.	-13	120. USUAL O during most o	of working li	Kind of work done fe, even if retired.)	12b. KIND OF	Elos P
13	STATE (moissing)	(Where decease	13h COUNTY	on: Residence before	SOLOMO		Id. INSIDE CITY LIMITS? YES NO	13e. STRE	ET AND NUMBER		
	1. FATHER'S NAME	First	Middle	Last			DEN NAME First		Middle		Last
_		COSTER					CA	RRIE		KI	RAFT
	6a. WAS DECEASED E Yes, no, or unknow NO	VER IN U.S. ARM	ED FORCES? or or dates of service)	213-48	NO. 17. INI 2874 GET	ORMANT CALDINE	ALLEN		Address		
	18. CAUSE OF I	EATH (Enter only	y one cause per lin	e for (a), (b), and (c		7	- pi	1			ONSET AND DEATH
1	PAKI I. DEI	TH WAS CAUSED	TE CAUSE (a)	acel	1 lle	out >	face	lur	e_		
	183		DUE TO, OR A	S A CONSEQUENCE OF							
1	Conditions, if ar	te cause (a).	(b)			V					
	stating the unc	erlying couse	(c)	S A CONSEQUENCE OF					*		
		SIGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT I	OT RELATED TO	THE TERMINAL I	DISEASE OR COND	ITION GIVEN	IN PART I(o)		
2	19a. DATE OF OPE	RATION 19b. C	ONDITION FOR WHI	CH OPERATION WAS P	ERFORMED	20a. AUTOPS			ES, WERE FINDINGS C OF DEATH?	ONSIDERED IN C	CERTIFYING
	21a. ACCIDENT 1	VAC SINDEDIVING	2 TOTAL THAT OF	IMILIPA	D1 (70)	YES T	NO K			10 1	
	G OR CONTRIBUTING	CAUSE OF OFATH	HOUR A.M. er) P.M.	Manth Day Year	9			, ,	in Part 1 or Part 2,		
	While Nat v	hile ark		AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.					r Town	Caunty	State
	220. I certify saw the	that (I) (this deceased all tated above	s hospital) atte ive on Janua .(I) (we)(did)(	nded the deceasery 18.  did not) view the	ed from NO 1969, and body after de	thot in (my)	, 19 <u>03</u> ) (our) opinio	n deoth oc	uary 19,19 curred on the do	te and hour	t (I) (we) last ond from the
	22b, SIGNATURE/	All Comments	en	no	DEGREE	ATTENDING	MED.	TOR	STAFF C	DATE SIGNED	9 1060
1	22d. PHYSICIAN					22e. ADDRE			1 08.	Tada Cy	791717
	NAME (Type	GEORGE	J. WEEM	S, M.D.		HUN	TINGTOW	MD.			
		ON JOSE D	ATE	23¢ NAME OF	CEMETERY OR, C	REMATORY ,	2 23	d JOCATION	(City or Town)	(County)	(State)
2	REMIDVAL (Specif	ON, 236. D	1.21.196	9 Jolan	onem	rethodu	stom.	Lafan	COSB. REGISTRAP'S	rock	md.



1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH										3			
degin	1 0	ECEASED-NAME	First		Middle	CERTIFIC	Lost	PERIII	2o. DAT	E DE D	EATH	_			2b. HOUR
		ype or print)	Mar	ner .	Elsie		Ford		20. DAI	1	Month	K De	<sup>1</sup> 469	Year	9:30p
-	3. SI	×	DRAT	4. RACE	PTSTE		S. DATE OF BIR	PTH.			6. AGE (In			DER I YEAR	IF UNDER 24 NRS.
		Female			Vegro			05-07			last birth	day) YRS	MONTH		HOURS MIN
		BIRTHPLACE (State or foreign	n 7	b. CITIZEN OF V	WHAT COUNTRY?	B. MARRIED	NEVER MARK	RIED	9. COUNTY						
	cau	Maryland		U. S.	A.	WIDOWED	DIVORO	CED 🗀	Calv	ert					Mo
9		TTY OR TOWN OF DEATH	at ak	11	NAME OF HOSPITAL OR e street oddress) alvert Cou	INSTITUTION (If	nat în haspîtal	12a. USU during m	at occupations of work	TION (I king li	Kind of w fe, even if	ark dane retired.)	321 IN	b. KIND OF DUSTRY	BUSINESS OR
1	13a.	USUAL RESIDENCE (Where a	deceased	lived if instit	otion: Residence before	e 13c CITY O	R TOWN	13d. INSIDE CITY	LIMITS? 134	e. STRE	ET AND N	UMBER			
4	odm	ssion) STATE Md.		13b. COUNTY	lvert	Dunki		YES N	0						
1	14, 1	ATHER'S NAME First Joh	-	Middle	Lost	1	S. MOTHER'S MAI				-	Middle			Last
					Вос				Mary			san		Mack	all
	lóa.	was deceased even in u.s. es, no, or unknown)	S. ARME es give war	D FORCES? or dates of service)	16b. SOCIAL SECURIT		INFORMANT	. 1.7	. 2 4 3	D.	unki	Address		Md	
4		IB. CAUSE OF DEATH (En			213 22		Dorothy	W. S	mith	וע	unkı	IK			KATE INTERVAL
		PART 1. DEATH WAS (IN The Conditions, if any, which in rise to immediate couse stoting the underlying colors.)	(o),	E CAUSE (o) DUE TO, OR (b)	AS A CONSEQUENCE (	[4]	1945	JIA S	≥\$c						
	NO.	PART 2. OTHER SIGNIFICAN	IT COND	(E) ITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED T	O THE TERMINAL	DISEASE OR	CONDITION	GIVEN	IN PART 1(	a)			
X	CERTIFICATION	190. DATE OF OPERATION	196.00	ONDITION FOR W	HICH OPERATION WAS	PERFORMED	20o. AUTOP	SY?	CA		ES, WERE I OF DEATH?	INDINGS	CONSIDE	ERED IN CE	RTIFYING
	MEDICAL CER	21o. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (If either, notify medical e	DE DEATH	HOUR AM	Month Day Ye	21c. H	IOW INJURY OCCU	URRED (Ente	er noture of	injury	in Port 1	or Port 2,	Item I	B.)	
	ME	21d. INJURY OCCURRED While Not while at work			( AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	100					r Town		Cou		Stote
		22a. I certify that (I saw the deceas causes stated a	ed aliv	ve on	tended the deced 5 - ) (did nat) view th	_19 <b>69</b> an	d that in (my	) (aur) ap	b7_, ta inian dea	th ac	curred o	n the d	ate ar	, that ad haur	(I) (we) las
		22b. SIGNATURE		1/30	mal.	* DEG	1 111 2		MED. DIRECTOR		STAFF PHYS.		-6-6		
1		22d. PHYSICIAN'S NAME (Type) Iss	am i	F. el D	amalouji,	M. D.	22e. ADDR	nce F	rederi	ick	, Mar	ylar	nd		
			23b. DA	9-69	Coop	ersch.			I	Dun	(City or I	C	alv	unty) vert	(Stote) Md
R	24.	Funkaney E	- 1	Dervel	Prince	~ (	10 2 5	DATE DATE	A GEGISTRA	196	9 25b. R	EEISTRAB	ZEIGH	TURSE	46.

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			California de	N sylvenia				
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	1421							

	1	MARYLAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 03329
death.	1 D	ECEASED-NAME First Middle Lost 20 DATE OF DEATH Type or print) Moude Elizabeth Fowler 20 DATE OF DEATH Ton, 1969 99. M
haurs after in by the fun	3. S	EX 4 RACE S DATE OF BIRTH 6. AGE (In years II UNDER 14 AIRS MONTHS DAYS HOURS MIN FEW MONTHS DAYS HOURS MIN YRS.
1 in by ers. Prour		BIRTHPLACE (Stote of foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH  OTRY WIDOWED DIVORCED MA
law requires that the death certificate be executed within 24 haurs after death anding physician.  been signed by the attending physicial and campletely filled in by the funeral is the burial-transit permit. Then please remove carban papers. Pages I and its burial, crematian, or remayal, and any event, within 72 hours after deather the burial, crematian, or remayal, and any event, within 72 hours after deather the burial.	1	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  120 KIND OF BUSINESS OR INDUSTRY
amplete	13a	USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13g MSIDE CITY UM 159 13e STREET AND NUMBER 13b COUNTY Colored Chesaper Chesa
a d cam	14.	FATHER'S NAME First . Middle Cutick IS MOTHER'S MAIDEN NAME First Middle Lost
physicia physicia en plea		WAS DECEASED EVER IN 65 ARMED FORCES? Yes, no. o. y. y. known) (If yes give wer or dates of service)  227 - 38 - 1747 M/3 Mildred Burner Chesantaka Brand
eath certif ending phy nit. Ihen or remava		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)
he death ce attending i permit. The		174 X DUE TO, OR AS A CONSEQUENCE OF COLCINOLOGY A L. PRISORT
quires that the d physician. signed by the att burial-transit pen burial, crematian.		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF C ASSEQUENCE OF C ASSEQUENCE OF C
equires tha physician. signed by burial-tran burial, crer		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
The atternation of the property of the propert	CERTIFICATION	190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO  NO  20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
PHYSICIAN: The he hospital or at this certificate he tetached far use Dept. af Health	MEDICAL CER	216. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Herm 18)   The contributing   Cause of death   Hour A.M. Manth Day Year   16 either, notify medical examiner)   P.M.   19
TENDING PHYSICIAN: ined by the hospital or OR. After this certificate buld be detached for unthe State Dept. of Heal	ME	21d INJURY OCCURRED While Nat while of work of
D HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the host S FUNERAL DIRECTOR: After this cadirector, page 3 shauld be detached the shauld be filed with the State Dept.		22a. I certify that (I) (this haspital) attended the deceased fram
ATTEI etaine CTOR: shauli		causes stated abave, (1) (we) (did) (did nat) view the bady after death.  226 SIGNATURE  220 DATE SIGNED
ALOR OF 19 y be re 3 dage 3 filled w		DEGREE PHYS DIRECTOR DIRECTOR 1/8/69  22d. PHYSICIAN'S  22e. ADDRESS
Page 4 may be retained of FUNERAL DIRECTOR: director, page 3 should should be filed with the		NAME (Type) Issam Damatouji M.D. Prince Frederick Md.
TO HC Page TO FU direc	L	BURIAL CREMATION 23b. DATE 23c NAME OF CEMPTERY OR CREMATORY 23d togATION (Gity or Laws) (County) (Stote) CALLERY DATE 23c NAME OF CEMPTERY OR CREMATORY (Specify) Ton. 9 1969 St. 1011/5 (Emetery Name of Crestery County)
VR ALS (N) A	24.	FUNERAL DIRECTOR  ADDRESS TO BY REGISTRAR SIGNATURE  256 RECISTRAR SIGNATURE  ADDRESS TO BY DAVAN 1 0 1969  ADDRESS TO BY DAVAN 1 0 1969

4"

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAITHMORE, MARYLAND 21201  CERTIFICATE OF DEATH  109  10000000000000000000000000000000
DECEASED NAME First Modele Lost 20. DATE OF DEATH    David C Gray
Total Country   David Country   S. DATE OF BIRTH
David C Gray 1 10 69 120 0M  The state of th
male
The strict of th
A Constitute (store of roteign   70. Cilizen of what country   S   MARRIED   Never Markied   S   Voorting   S
Maryland    Control Token of Death
Prince Frederick (Where deceosed hved, if institution, Residence before and only one course per line for (a), (b), and (c))  Prince Frederick (Where deceosed hved, if institution, Residence before and one during management of business or industry one course per line for (a), (b), and (c))  Prince Frederick (Where deceosed hved, if institution, Residence before and one during management of business or industry one course per line for (a), (b), and (c))  Prince Frederick (Where deceosed hved, if institution, Residence before and one during management of the business or industry one course before and of the state of the stat
Prince Frederick Calvert County Hosp.    Sanitor   Sanit
To Start Resolution (admission) STATE  Maryland  To Alvert  To Alv
Part I. Death Was caused by Part I. Death (Enter only one couse per line for (a), (b), and (c))  PART I. Death Was Caused by Part I. Death Was
David  Gray  Emma  Anderson  160 WAS DECEASED EVER IN JS ARMED FORCES? Yes, no, or unknown)  Wes give wor or dotes of sorvice)  160 SOCIAL SECURITY NO.  579-09-8168  Juanita Gray  St. Leonard  APPROXIMATE INTERVAL BETWEEN ORSET AND DEATH  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (o), starting the underlying cause  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
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1.2 O 1001,
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONS DERED IN CERTIFYING CAUSES OF DEATH?  YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 21b. TIME OF IN.JRY 12b. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Ifem 18.)
e th 으 g c V B VES OF DEATH?
210. ACCIDENT WAS UNDERLYING 216 TIME OF IN. JRY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
HOUR A.M. Manth Doy Year    Contributing   Cause of Ceath   HOUR A.M. Manth Doy Year   Contributing   Cause of Ceath Doy Year   Cause of Ceath Doy Year   Caus
OR CONTRIBUTING CAUSE OF DEATH    OFFICE BUILDING, FEC.
While Not while at work at work
22a I certify that (I) (this haspital) attended the deceased fram Nov. 17, 1968, ta Jan. 10, 1969, that (I) (we) last saw the deceased alive an Jan. 10, 1969, and that in (my) (aur) apinian death occurred an the date and hour and fram the
saw the deceased alive an <u>Jan. 10</u>
Tables stated above, (i) (we) (aid) (aid har) view the body after death.
DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRE
22d PHYSICIANS 22e ADDRESS
MAME (Type) Issam F. el Damalouji, M.D. Prince Frederick, Maryland
23a BAR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
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24 FINERAL DIRECTOR ADDRESS 2 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR 350 REGISTRAR
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			D STATE DEPARTMENT OF		
LAS .	00630	DIVISION OF VITAL RECORDS,			
			ERTIFICATE OF DEATH	1)	0031
€ 27£	DECEASED-NAME First     (Type or print)	Middle	Last	2a. DATE OF DEATH  Month Da	2b. HOUR P
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er fer fer	3 SEX	4 RACE	S. DATE OF BIRTH	6. AGE (in years last birthday)	1F UNDER 1 YEAR 1F UNDER 24 HRS.
the ages	FEMALE	WHITE	SEPT. 9. IS	B96 72 YRS	MONTHS DAYS HOURS MIN
ours after by the fur Bages I constities after		7b Citizen of What Country?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	**
T 28.4	MARTY T.AND	INTTED STATES	WIDOWEDXIX DIVORCED	CALVERT	Mď.
executed within 24 hours after death decompletely fuled in by the funeral smove carbon papers. Pages 1 and 3 ony event, within 74 hobs. after death	10. CITY OR TOWN OF DEATH	1 NAME OF HOSP TAL OR INS		UAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
Ath Angle And Angle	PRINCE PREDERICE	give street oddress) CAT.VER	T COUNTY during	most of working life, even if retired.)	INDUSTRY
d w	13a USUAL RESIDENCE (Where decease	d'Ived if institution Residence before	13c CITY OR TOWN 13d. INSIDE CITY	LIM TS? 13e STREET AND NUMBER	
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g pl	18 CAUSE OF DEATH (Enter only	y are cause per line for (a) (b), and (c).	100	4. 4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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by the hospital or attending phymician.  Be detached for use as the burial-tronsit permit. Then please remove carbon pape Stote Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 to be detached for use as the burial-tronsit permit. Then please remove carbon pape Stote Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 to the detached for use as the burial.	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OF	RCONDITION GIVEN IN PART 1(a)	7
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E PE PE PE	GRAND CONTRIBUTING CAUSE OF DEATH  [If either, notify medical examin  21d INJURY OCCURRED 21e	HOUR A.M. Month Day Year er) P.M. 19			
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ain a	22b SIGNATURE	(I) (we) (did) (d d not) yew the	body offer deofn.	1 00	DATE CLOUED
be retained by the h DIRECTOR: After this ge 3 should be detac	220 SIGNATURE	(1/3)//	DEGREE PHYS	MED. STAFF	. DATE SIGNED
	22d PHYSICIANS	- jour	DEGREE PHYS L	DIRECTOR PHYS	
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FO HOSFITAL OR MITTEE Page 4 may be retained FO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23g. BURIAL, CREMATION, 23b D		CEMETERY OR CREMATORY	23dOCATION (City or Town)	(County) (State)
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E-5 UX	24. FUNERAL DIRECTOR	ADDRESS	1/2So. REC D	BY REGISTRAR 25b. REGISTRAR	5 SIGNATURE
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, '	963	*	ON OF VIIAL RECORDS		E OF DEATH	IMORE, MARTLAND Z		632
_ ~ £	1. DECEASED-NAME	First	Middle		Last	20 DATE OF DEATH		2b. HOUR A
es l'and 2	(Type or print)	John	Ollie	Raine	v	January	7 Day	19699:20M
きしま	3. SEX	4. RACE			DATE OF BIRTH	6. AGE (in y last buthd	rears IF UNDER	R I YEAR   IF UNDER 24 HRS.
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e di		T WAS UNDERLYING 21b	TIME OF INJURY	21c. HOW I		nature of injury in Parl 1 ar	Part 2, Item 18.}	}
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	₹ 21d INSJRY While \ No	OCCURRED   21e. PLACE OF I			ON Street at R.F.D. No.	City or Town	Caunt	ty State
	at work 🗀 a	t wark 🖳	1			- 1/11		
5	22o. I cert	ify that (I) (this hospite the deceased alive an	ol) of ended the deceos	ed from		26, to ///	19 677	, that (I) (we) lost
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should be filed with the State Dept. of Health prior to	22b SIGNATUR		, (con) (and not) there inc	Dody Brief Goo.			22c. DATE SIG	GN/D
, <del>&gt;</del>		M HNea	ne	DEGREE	ATTENDING M DI	ED STAFF IRECTOR IN PHYS.	1/11/	169
海儿	22d. PHYSICIA	N'S George J.	Moome M.D		22e. ADDRESS	May a	7 7	
p p			Weems, M.D	•	Hunting	town, Mary		
hau	230 BURIAL, CREM -REMIDVAL (Spe	ATION 236 DATE	23_NAME OF	SEMETERY OR CREA	MATORY DLI	23d LOCATION (City or Tox	wn) (Count	(State)
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5 (14)	24 FUNERAL DIREC	Lest- and &	San Dunes	myters	2Sq. REC'D B		GISTRAS S SIGNATU	in Justile
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9-1		MARYLAND STATE DEPARTMENT OF HEALTH	***
2		26335 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	40833
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1000
HEALTH DEPT.		Type or Print) / Value of ESTI OF ESTI	Day Year 26 HOUR
d 3 to d 3 to Poge ent of	3 5	EX A RACE 5 DATE OF BIRTH 6 AGE (IN years IF UNDER 24 HIS 20 DATE PRONOUNCED DEAD	37 4( 720 M
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Exomine Exomine File page	()	(es, no, grandown) (If yes give war or dates al service) 2/8-52464/ alical Rada, Insty	Mel
- " " c		18 CAUSE OF DEATH (Enter only one cause parline for (a), (b) that (c)) PART I. DEATH WAS CAUSED 8Y.	APPROX MÅTE INTERVAL BETWEEN ONSET AND DEATH
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is certificate should te, writing the ward forwarded to the Cl se used as a burial-fr removal, and in any	_	PART POTHER SIGNIFICANT/CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL SEASE OR CONDITION GIVEN IN PART I(a)	
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This critate, be for	THE	WAS PERFORMED?	YES NO
. a e e e e e e e e e e e e e e e e e e	CAL CER	21a EXTERNAL CAUSE WAS 21b. T ME OP NUJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21b. T ME OP NUJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M.	1 (8)
INER: e certif should files. 3 should nation,	MEDICAL	CAUSE OF DEATH P M 19  21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No (ity or Town)	County State
DEPUTY DICAL EXAMINER: scessary, please execute the certime function. Toge 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremation,		WHITE NOT WHITE at WORK at WORK [ factory, affice building, etc.)	210/1
		22a   certify that   toak charge of the remains described above, held an Autapsy, Inspection, Inquiry,	and in my opinion
TY DICAL E  y, please exect  prob director. To  se estained for  RAL DIRECTOR: I  prior to burial,		deoth resulted from: Natural lauses 4. Accident, Suicide, Homicide, Undetermined monner	
please e l' director retained		ACTUAL HOUSE CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF CHIE	
RAL Price		SIGNATUREMD ASSISTANT MEDICAL EXAMINER	SNED 129
o DEPUTY necessory, please ex- the funeral director. S may be retained to D FUNERAL DIRECTO Health prior to burn		EXAMINER'S NAME (Type)  ADDRESS(Street, city, town, or county)  ADDRESS(Street, city, town, or county)	Intal 1
necessed the fun 5 moves the fun 5 mov 10 FUNE Health	23a	8 JRIAL, CREMATION 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	County) (State)
	24	Ourell 73/67 Middlessan ropel charge Leiby, Call	ET Mar.
VR A15ME (5)	4	FUNERAL DIRECTOR  The Harkness & Sen, Haf Brushe Met DATE FEB 4 1969	PARTURE -

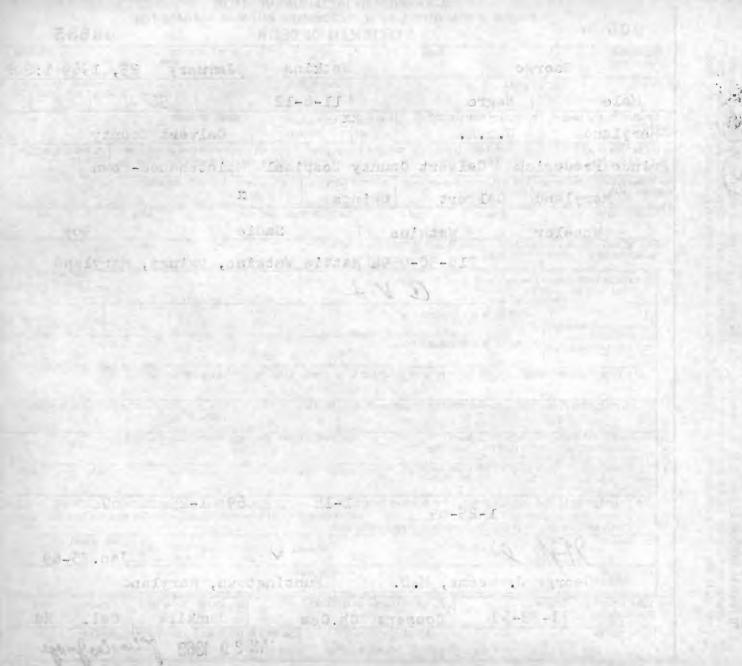


	1			D STATE DEPARTMENT OF		
		2063.		301 W. PRESTON STREET, BA		. 9034
•		00000		CERTIFICATE OF DEATH		()(0)2
- <u>2</u> -		CEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b HOUR
Tuneral Tand er deat	1	Ype or print)  John	W.C.	Wallace	Month Do	0 69 920 <sup>2M</sup>
hours after death	3 SE	X	4 RACE	S, DATE OF BIRTH	6 AGE (In years	IF UNDER "LAR IF UNDER 24 HRS.
5		male	negro	3-5-188	7 last tothday) YRS	MONTHS DAYS HOURS MIN.
30	70.		75. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
77	COUR		II.S.A.	WIDOWED DIVORCED	Calvert	Md.
E	10 (	Maryland ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 12a US	UAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
19	Pr	ince Frederic	ck Calvert Co	ounty Hoso,	mast of working life, even if retired ) Farmer	INDUSTRY
ant,	13a	USUAL RESIDENCE (Where decease	d lived if institution Residence before	13c CITY OR TOWN 13d. INSIDE CIT	LIMITS? 13e STREET AND NUMBER	
304	Ma	ssion) STATE ryland	13b COUNTY Calvert	Dunkirk YES	NO X	
1		ATHER S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME	First Middle	Last
= /		Henry	C. Wallace		Lydia	Pratt
should be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, with the State Dept.	16a.	WAS DECEASED EVER N U.S. ARME es, no os unknown) (If yes give wai	er dates of service!		Address	
IV C		no	213-22-1	142 Irene A. W	atkins Dunki	rk Maryland
emc		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c)	V1- 0	11/1/2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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Ē		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M Manth Doy Year	·	tel liable of injuty in Fan 1 of Fan 2,	itetii (o.)
2	MEDICAL	(If either, notify medical examine 21d INJURY OCCURRED 21e. F			Na City or Tawn	County State
		While Nat while at work	OFF CE BUILDING, ETC	TORY ) 21f LOCATION Street or RFD I	to city of roun.	cuony siete
		220 Leertify that (1) (thus	hospital) attended the decease	od from Jan 8 19	69 to Jan 10 19	69 that (I) (we) last
		saw the deceased pli	ve an Jan 10	ed fram Jan 8 , 19 9.69, and that in (my) (aur) a bady ofter death.	pinion death accurred on the d	ate and haur and from the
		causes stated above/	(I) (we) (did) (did not) view the l	bady ofter death.	,	
₩İ		22b SIGNATURE	111 / 11 11	DEGREE PHYS		DATE SIGNED
ed		Spu	my cus		DIRECTOR L PHYS L	1-10-69
- e-		22d. PHYSIC ANS NAME (Type) Osmar	7/ Frank M D	22e ADDRESS	Ten e d e e d = 3 - 3 - 3 - 2 - 2	
B		USIIIAI		CEMETERY OR CREMATORY		yland (fun)
Sp.	230	BURIAD CREMATION, 23b. Di	n -dn - 1 d -		23d LOCATION (City or Town)	(County) (State)
N KK	24	FUNERAL DIRECTOR	ADDRESS	es Cemetery	NEV REGISTRAP 969 25b. REGISTRAR	
549	1."	Pinhow F So	well Pr. Fredo	vick and DATE AT	1 10 1969	mage Judge
W /	-	. A STATE OF LAND IN LINE	TO THE TOTAL PROPERTY OF THE PARTY OF THE PA	A STATE A STEEL AND AND A		87

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	O O G 4 O DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH											
		ceased-name First (Ype or print) Geo:	rge	Middle	W	atkins		TE OF DEATH		, 1969	2b. HOUR 1:201	
	3. SE	x Male	4. RACE Negro			DATE OF BIRTH		6. AGE (In last birth	yeors eay) O YRS.	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN	
	7o. E	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT CO		WIDOWED [	NEVER MARRIED [		Y OF DEATH alvert		nty	Md.	
7	Pı	ity or town of DEATH rince Freder:	ick   II. NAME OF	HOSPITAL OR INST	ounty 1	hospital 12a t	USUAL OCCUPA g mast of war	TION (Kind of w	ork dane	12b. KIND OF INDUSTRY OWIL	BUSINESS OR	
4	13o. admi	USUAL RESIDENCE (Where deceoses sisten) STATE Maryland	ed lived, if institution: Red 13b. COUNTY ve:	esidence before	Owings		NO 🔀	Be. STREET AND N	UMBER			
I	14. F	ATHER'S NAME First Wheele:	Middle P	losi Watkins		OTHER'S MAIDEN NAM	AE First		Middle	Ноу	Lost	
1		WAS DECEASED EVER IN U.S. ARN	TED FORCES? 16b.	OCIAL SECURITY N	O. 17. INFO				Address B • M			
	25	PART I. DEATH WAS CAUSED IMMEDIA  Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause last.  PART 2. OTHER SIGNIFICANT COM	DUE TO, OR AS A CO	ONSEQUENCE OF	OT RELATED TO TH	E TERMINAL DISEASE	OR CONDITION	GIVEN IN PART I(	(a)			
	CERTIFICATION		CONDITION FOR WHICH OP	ERATION WAS PER	FORMED	20a. AUTOPSY? YES NO		Ob. IF YES, WERE I AUSES OF DEATH?	FINDINGS C	ONSIDERED IN C	RTIFYING	
	₹	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	H HOUR A.M. Mor ner) P.M.	nth Doy Yeor		NJURY OCCURRED (I		Finjury in Part 1	or Part 2,	Item 18.)		
		21d. INJURY OCCURRED 21e. While Nat while at work	PLACE OF INJURY ( AT HOS OFFICE	WE, FARM, STREET, FACT BUILDING, ETC.	ORY.) 21f. LOCAT	ION Street at R.F.D.	No.	City or Town		County	State	
	j	220. I certify that (i) (the saw the deceased a couses stoted obove	is haspital) ottended live on 1–25 , (I) (we) (did) (did r	the decease -69 19 not) view the b	d framl = }, and the ody ofter dea	oat in (my) (aur) th.	9 <u>69</u> ta opinion dec	1-25 of the occurred of	, 19	69_, that ite ond hour	(I) (we) los and from the	
		22b. SIGNATURE	1) Dan	E	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF C		an. 25-	69	
		NAME (Type)George	J. Weem			Huntin		, Mary				
			29 <b>-</b> 69	Coope	emetery or cre	Cem	D	CATION (City or T UNKIRK		(Caunty)	(State)	
		FUNERAL DIRECTOR	sevell :	POLICIES .	Freel M		D BY REGISTR	1969 25b. R	EGISTRAR'S	SIGNATURE	des	

MAKTLAND STATE DEPARTMENT OF HEALTH



- 1			STATE DEPARTMENT UF				
	00641	DIVISION OF VITAL RECORDS, 3	ERTIFICATE OF DEATH		0663	6	
	. DECEASED NAME First		lost				
	(Type or print)	Middle		2o. DATE OF DEATH Month	9 Day 69 Year	25, HOUR	
Į,	Ha:	no is	Williams	1 1/1000		10:20	
ľ	J. SEX	4. RACE	S. DATE OF BIRTH 07-04-1877	6. AGE (In last birth	YBOTS IF UNDER I YEAR OY) MONTHS DAYS	HOURS MIN	
	Male	Negro			YRS.		
	a. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH			
1	Maryland	U. S. A.	WIDOWED DIVORCED	Calvert		M	
7	o. city or town of death  Prince Frederic	11. NAME OF HOSPITAL OR INSTE give street oddress) Calvert Cour	during (	UAL OCCUPATION (Kind of wo mast of warking life, even if DNO!	retired.) 12b. KIND OF INDUSTRY	BUSINESS OR	
4	3o. USUAL RESIDENCE (Where deceardmission) STATE	sed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY		JMBER		
	4. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First	Middle	Lost	
1	Unknown			Josephine	Wallac		
t	Ida. WAS DECEASED EVER IN U.S. AR		). 17. INFORMANT	-	Address		
ı	Yes, no, or unknown) (If yes give	war or dates of service) 215 56 94"	77 Beatrice	Kent Lusby	, Maryland		
Ī	18. CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b), and (c).)		0		IMATE INTERVAL ONSEY AND DEATH	
1	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a)	nous loca	lussin	octoria.	MISCI AND DEATH	
	4109	DUE TO, OR AS A CONSEQUENCE OF		1			
	Conditions, if ony, which gave	12/01	neroles	Lelen	ni l		
1	rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	~ 6		-		
П	lost.	(c) U	rema				
1	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1	a)		
ı							
ı	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS OF CAUSES OF DEATH?				INDINGS CONSIDERED IN C	ERTIFYING	
	TE TE		YES NO [	CAUSES OF DEATH?			
			21c. HOW INJURY OCCURRED (En	er nature of injury in Part 1	or Part 2, Item 18.)		
	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Doy Year iner) P.M. 19					
			(RY.) 21f. LOCATION Street or R.F.D. N	o. City or Towyr	County	State	
	While Nat while at wark	Orrice building, ElC.	1/1	9 1/9			
	22a. I certify that (1) (th	is haspital) attended the deceased	fram , 19	, to/_	, 19 <u>_69</u> , that	(I) (we) la	
	saw the deceased alive on19_59, and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated abayer(t) (we) (did) (gid not) view the body after death.						
		causes stated abayer (f) (we) (did) (aid not) view the body after death.					
	22b. SIGNATURE	1/1/ pure	DEGREE DAVE	MED. STAFF	22c. DATE SIGNED		
1	22d. PHYSICIAN'S	2-000	11113	DIRECTOR L. PHYS. L	7		
1	NAME (Type) Robe	rto de Villarreal, 1	M./D. 22e. ADDRESS Le	onard, Maryla	nd		
1	*		7			(6)	
I	30. BERIAL, CREMATION, REMOVAL (Specify) 23b.	17 60	METERY OR CREMATORY	23d. LOCATION (City or To	own) (County) Cal.	(State) Md	
ш	24. FUNERAL DIRECTOR	ADDRESS	Ch.Cem			PIC	
	W. Toncon Director	2.5	JAN	BY TEGISTRAP 969 25b. PH	The state of the s	ge :	
	inning	- Jewell Tre	na Ired. DATE	U	U		

